

IF YOU HAVE A TURN OFF NOTICE YOU MUST CALL FOR AN APPOINTMENT
NO WALK-IN INTERVIEWS!

BALTIMORE COUNTY OFFICE OF HOME ENERGY PROGRAMS
410-853-3385

*YOU ARE ELIGIBLE FOR ONE SET OF GRANTS FROM JULY 1, 2003 TO APRIL 30, 2004; WINTER 03-04.
One application should be submitted for all the following programs:

MARYLAND ENERGY ASSISTANCE PROGRAM-MEAP

The Maryland Energy Assistance Program provides a one-time a heating season grant to low income households for heat (gas, oil, electric, propane, etc.). *Eligibility is based on gross family income.* The amount of the grant is based on the fuel used for heat and the household's income. You do not need a turn off notice to qualify. If you live in subsidized or Section 8 housing and heat is included in your rent, you are **NOT** eligible for MEAP. Funds are available starting in November. The program ends in April and starts again in the fall. This grant can be used towards a turn off notice.

UTILITY SERVICE PROTECTION PROGRAM-USPP

A special budget billing for MEAP clients that has the MEAP grant applied in 12 installments to reduce the basic budget billing amount. When the bill is paid on time an extra \$7 to \$12 credit is applied to the bill. Budget billing with BGE is based on the annual energy usage and is an average monthly payment.

ELECTRICAL UNIVERSAL SERVICE PROGRAM-EUSP

The Electric Universal Service Program provides a grant once a year to low income households based on their annual electric usage. To receive a grant the applicant **must have the electric bill in their name, agree to budget billing,** and be income eligible. Check **YES** to even monthly payments. Section 8 or subsidized housing households could be eligible for a grant.. This grant will be used to reduce or subsidize the monthly budget billing account with BGE. It cannot be used for a turn off notice.

Since the programs are not identical, an applicant could receive benefits from one program and not the other. If an applicant is eligible for both programs, they will be processed for both at the same time. Apply for all the programs at one time using one application!

WEATHERIZATION-Limited services and availability, the priority is homeowners.

APPLICATIONS **MUST** BE SUBMITTED WITH ALL THE DOCUMENTATION
DETAILED ON THE BACK OF THIS SHEET.

-OVER-

*ALL APPLICATIONS **MUST** BE SUBMITTED WITH COPIES OF THE FOLLOWING:*

1. Proof of gross monthly income for all members of the household.

| <u>HOUSEHOLD SIZE</u> | <u>MAXIMUM MONTHLY GROSS INCOME</u> |
|-----------------------|-------------------------------------|
| 1 | \$1164 |
| 2 | \$1561 |
| 3 | \$1959 |
| 4 | \$2356 |
| 5 | \$2754 |
| 6 | \$3151 |

Verification of income is for the 30 days prior to when you submit your application.

EXAMPLE: Application is dated 11-1-2004

30 day verification is needed for: 10-1-2004 to 11-1-2004.

PAY STUBS: must show gross income and date (s) based on application date. If you are paid bi-weekly (twice a month) you need 2 consecutive pay stubs, if weekly you need to submit 4 consecutive pay stubs.

OTHER SOURCES OF INCOME

Unemployment Benefit letter or check stubs.

Current award letter or check stubs for Social Security, SSI, VA, pension, annuity, dividends, DSS, child support, alimony, etc. Only Social Security, SSI and SSDI may submit copy of bank statement showing automatic deposit.

Households with an adult with zero income or a household with very low income must submit a letter explaining income and indicate how bills are being paid, i.e. rent, food, etc.

- 2. Baltimore Gas and Electric bill (green monthly bill).** And if you heat with oil, kerosene, propane, etc., verification of supplier and account number. ***Note-if you have a turn-off notice, you will need to call (410) 853-3385 for an appointment.
- 3. Residence** Proof: Renters: copy of lease and if Section8/subsidized housing verification.
Homeowners: copy of mortgage payment voucher or real estate tax bill.
- 4. Copies of Social Security Cards** for everyone in household

APPLICATIONS WILL NOT BE PROCESSED AND BGE WILL NOT BE CONTACTED WITHOUT ALL THE REQUIRED DOCUMENTATION!

TURN OFF OR OFF SERVICE: YOU MUST CALL 410-853-3385 for an appointment. All appointments will be at Drumcastle Center, 6401 York Road. Applicants must bring a photo ID, the red turn off notice, the green BGE bill, all income documentation, lease, and social security cards.

**ALL OTHERS MAIL THEIR APPLICATIONS TO:
OFFICE OF HOME ENERGY PROGRAMS/DSS
6401 YORK ROAD
BALTIMORE, MD 21212**

APPLICATION



I am applying for:

(Only one application
is used for all of these
programs.)

- ☐ MD Energy Assistance Program
☐ Current Electric Bill Payment Assistance
☐ Past Due Electric Bill Retirement

1. Your Social Security Number: _____

Your home phone number: _____

Other phone number: _____ (Check: ☐ relative ☐ friend ☐ work)

Your mailing address: ▼

Your street address: ▼

Name: _____
FIRST MI LAST
Address: _____
City: _____ State: _____ Zip: _____

Your street address: _____
Address: _____
City: _____
State: _____ Zip: _____

2. What type of house do you live in? (Check one)

- ☐ Apartment or Multi-Family ☐ Unattached Single Family ☐ Row or Townhouse ☐ Mobile Home

Which applies to you? (Check one) ☐ Homeowner ☐ Renter* ☐ Roomer/Boarder*

*If you rent: Do you live in subsidized housing or receive help in paying your rent from Section 8 or HUD (Check one) ☐ Yes ☐ No

Is your heat included in your rent payment? ☐ Yes ☐ No

*If you rent, you MUST complete this information about your landlord:

Landlord's Name/Complex: _____

Landlord's Mailing Address: _____

City: _____ State: _____ Zip: _____

Landlord's Phone Number: (_____) _____

3. Household Information: Fill in all spaces below for **ALL** household members (yourself first). Total Household Members _____

If you have more persons living with you, please list them on a separate sheet.

Please use the following choices for "Relation To Applicant" – 1. Spouse 2. Child 3. Other Relative 4. Other (non-relative)

Please use the following choices for "Race" – 1. African American 2. White 3. Hispanic 4. Asian or Pacific Islander

5. Native American or Alaskan Native 6. Bi-Racial 7. Other

| FIRST & LAST NAME | SOCIAL SECURITY NUMBER | BIRTHDATE | Relation to Applicant (See above) | Sex M/F | Race (See above) | Citizen (Yes or No) | Disabled (Yes or No) | Type of Income (List All) | Income Amt. Last 30 days |
|-------------------|------------------------|-----------|-----------------------------------|---------|------------------|---------------------|----------------------|---------------------------|--------------------------|
| | | / / | APPLICANT | | | | | | |
| | | / / | | | | | | | |
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Use a separate sheet for additional family members.

4. My electric utility company is: _____

The name on the account is _____ Account Number: _____

Are you on Budget Monthly Billing? ☐ Yes ☐ No Budget Amount: \$ _____ per monthDo you want to participate in the Utility Service Protection Program giving you even monthly payments? ☐ Yes ☐ NoDo you have a turn-off notice from this company? ☐ Yes ☐ No Is your service already turned off? ☐ Yes ☐ NoDo you heat with this company? ☐ Yes ☐ No**5. If you have selected another electric supplier:**

Electric supplier is: _____

6. Which type of fuel do you use for heat? (Check one)☐ Electricity ☐ Utility Gas ☐ Propane ☐ Oil ☐ Kerosene ☐ Coal ☐ Wood

If you checked electricity, you may skip the rest of section 6.

Your heating fuel supplier: _____

The name on the account is _____ Account Number: _____

Do you want to participate in the Utility Service Protection Program giving you even monthly payments? ☐ Yes ☐ NoDo you have a turn-off notice from this company? ☐ Yes ☐ No Is your service already turned off? ☐ Yes ☐ No**7. If you heat with utility gas, but selected another gas supplier, please enter:**

Your other gas supplier: _____

8. Is your furnace in poor condition? ☐ Yes ☐ No **Is your refrigerator in poor condition?** ☐ Yes ☐ No**Do you want to apply for the Weatherization Assistance Program?** ☐ Yes ☐ No**9. The applicant (or proxy) must sign this application before it can be processed.**

I understand that when I sign this application,

I give permission: 1) for the Office of Home Energy Programs (OHEP) to check all household income, bank accounts, housing expenses, insurance and any other benefits; 2) for the Unemployment Insurance Administration or any other agency to give and/or receive information from OHEP needed to complete this application; and 3) for my gas/electric company, or other agency giving a service/benefit to have information on this application given to them and/or received from them.

I can file an appeal to change the decision on this application if help is not given in a reasonable time. The appeal must be filed within 15 days of the date I am told of the decision. The local agency will tell me how to file. Free legal advice is available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.

Maryland has a fraud law. I can be punished for not telling the truth when applying for assistance to pay home energy costs. I declare that the information I have provided to OHEP is true, correct and complete.

Applicant's Signature: ► _____ Date: _____

If you need help completing this form, call 1-800-352-1446 for local agency assistance.**OFFICE USE ONLY:**

| | | | | |
|---------------------|--------|-------------------|-------------------------|------------------|
| COUNTY | CENTER | DATE RECEIVED | INTAKE WORKER SIGNATURE | DATE COMPLETED |
| WORKERS COMMENTS: | | | | |
| CERTIFIER SIGNATURE | | | | TOTAL INCOME |
| DATE | | | | |
| ANNUAL USAGE | MEAP | EUSP BILL PAYMENT | EUSP ARREARAGE | MEAP CRISIS CODE |
| BENEFIT AMOUNT | | | | POVERTY LEVEL |
| DENIAL CODE | | | | |